

A.3.0

Eligible Individuals

General

This section describes who may be eligible for CMS.

3.1 Adults

Individuals must meet all of the following criteria:

- A. Be 21 through 64 years of age.
 - B. Be a U.S. citizen or a non-citizen who meets the eligible alien criteria listed in Article A. Section 4, Item E.
 - C. Be a San Diego County resident.
 - D. Not be eligible to Medi-Cal. Except for restricted benefits as defined in Item 7 below.
 - E. Be within the CMS income and property limits
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3.2 General Relief (GR) Recipients

GR recipients (age 21-64), who are not linked to Medi-Cal, are eligible for CMS while their GR case is in active status. A separate CMS case is not processed. Refer to Article A- Section 7 Item 4 for instructions.

3.3 Cash Assistance Program for Immigrants (CAPI) Applicants

CAPI applicants are eligible to CMS pending the DAPD decision if all CMS eligibility requirements are met. They are potentially linked to Medi-Cal and must be referred to apply for Medi-Cal. If CAPI is approved, they are not eligible to CMS.

3.4 Refugees and Entrants

Refugees and Entrants no longer eligible to Medi-Cal may qualify for CMS if other eligibility criteria are met.

3.5 Sneede and Gamma FBU

CMS follows Medi-Cal regulations including the Sneede v. Kizer and Gamma v. Belshe court orders. Answer the Sneede income screening questions on form MC 175-1 to determine when to use Sneede regulations. The procedures for determining income and property for FBUs according to Sneede and Gamma rules are located in MPG Article 5, Section 14.

**3.6
Veterans**

Veterans can be certified if they meet all CMS eligibility criteria. They should be encouraged to use all medical services available to them through the Veterans Administration.

**3.7
Limited
Medi-Cal**

Certain adults (21 – 64) may be eligible to CMS and restricted Medi-Cal at the same time. Specifically, adults who are living in a skilled nursing or intermediate care facility, or who are infected with tuberculosis. IRCA aliens may also be eligible to CMS and restricted Medi-Cal if they are blind, disabled or AFDC linked to Medi-Cal, but are unable to meet the alien status requirements for full scope benefits.

A. Skilled Nursing Facility

CMS does not cover services given in skilled nursing or immediate care facilities. These services are covered by Medi-Cal under aid code 53. CMS covers treatment given in an acute care facility.

B. TB-Cal

CMS does not cover outpatient TB-related services for adults eligible to the TB-Cal Program. These services are covered by Medi-Cal under aid code 7H. See MPG Article 5, Section 17.

C. IRCA Aliens

CMS does not cover emergency or pregnancy-related services for IRCA aliens with unexpired INS cards issued under INA Sections 245A, 210 and 210A. These services are covered by Medi-Cal under aid code 58. Workers shall enter the Medi-Cal effective date, case number on the CMS enrollment form and check status code A-A if using the HHSA: CMS-4. They must write “Non-emergency Services Only” on the CMS card and in the comment section of the enrollment form for data entry. All the alien information on the CMS enrollment form must be completed, including the INA section and expiration date.
